

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		4/27/99
O.I.P.E. CLASSIFIER		16	4-29-99
FORMALITY REVIEW	BH	60245	5-10-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

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If more than 150 claims or 10 actions  
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